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MYRON OFFICE ENSPAN (Depositor's name) LACKENBACH SIEGEL BUILDING 1 CHASE ROAD SCARSDALE, NY 10583 12/07/2004 MBIZUNE2 00000037 08860763 (Signatore 01 FC:1501 Decem (Date 1370.00 OP APPLICATION NO. FILING DATE FIRST NAMED INVENTOR TTORNEY DOCKET NO. ONFIRMATION NO. 08/860,763 09/09/1998 ISKANDER M. TOKMULIN P-9701-ISK 9367 TITLE OF INVENTION: DEVICE FOR TREATING PLANAR ELEMENTS WITH A PLASMA JET ISSUE FEE PUBLICATION PER APPLN. TYPE SMALL ENTITY TOTAL FEE(S) DUE DATE DUE YES \$685 01/06/2005 nonprovisional 00 EXAMINER ART UNIT CLASS-SUBCLASS ZERVIGON, RUDY 1763 118-723000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. It no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Samsung Electronics Co., Ltd. - Hwasung City, S. Korea Please check the appropriate assignce category or categories (will not be printed on the patent): 🚨 Individual 🗹 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Wissue Fee \$ 1370.00 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 10 - 0100 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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